

SEXUAL IDENTITY AND EMOTION REGULATION

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ABSTRACT

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Background: For individuals who have same-sex attractions, the discovery of those attractions can be associated with emotional distress due to either an internal conflict between their sexual attraction and social expectations or due the pressure associated with being part of a marginalized group. In the present study, I sought to understand the strategies that same-sex attracted individuals may employ to regulate potentially distressing emotions. **Methods:** Multiple regression was used to analyze the variance of intercorrelations between internalized homonegativity and lesbian, gay, or bisexual (LGB) identity as well as intercorrelations between emotion regulation strategies and LGB identity. **Results:** The first hypothesis, which stated that internalized homonegativity would negatively contribute to the variance of LGB identity, was not supported. The second hypothesis, which stated that emotion regulation would significantly contribute to the variance of LGB identity, was not supported. **Conclusions:** Contrary to the research hypothesis, there was a positive relationship between internalized homonegativity and LGB identity instead of a negative one. Although emotion regulation strategies did not contribute to the variance of LGB identity, a significant positive relationship was determined between expressive suppression and internalized homonegativity, but only among females. Such a result could indicate that females employ expressive suppression to attenuate negative emotions associated with internalized homonegativity.

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Sexual Identity and Emotion Regulation

Internalized Homonegativity

Homonegativity refers to negative social attitudes that encourage disapproval and hostility towards same-sex attraction and sexual acts (Stanfield-Wisewell, Hogan, Goddard, Ginsburg, & Ogletree, 2015). Internalized homonegativity is, therefore, the application of such hostile attitudes towards the self for lesbian, gay, or bisexual (LGB) individuals (Currie, Cunningham, & Findlay, 2004; Szymanski & Chung, 2001). Some researchers have identified internalized homonegativity as a construct of shame (Jones, 2018) and even self-hate in some extreme cases (Kelley & Robertson, 2008). Some researchers have used the term internalized homophobia to describe the same inward focused negative attitudes (Puckett & Levitt, 2015). Within the current literature, there is not a consensus about which term is most appropriate. Some of the scales used within this study use the term internalized homophobia, but for the sake of the present study, the term internalized homonegativity will be used.

Individuals who experience internalized homonegativity, and minority stress in general are more likely to be exposed to negative outcomes, specifically poor physical and mental health (Aguinaldo, 2008; Newcomb & Mustanski, 2010), with youth at an even more elevated risk of having their physical and mental health compromised (Meyer, 2003a). Rosser et al. (2011, as cited in Berg, Lemke, & Ross, 2017) conducted a study wherein eight pro-LGB policy cities in the USA were compared to eight anti-LGB policy cities; the researchers found that gay men from the eight anti-LGB policy cities reported experiencing more violence, less social support, and poorer mental health than their counterparts in pro-LGB policy cities. This adds to the pressure associated with being part of a marginalized group, also known as minority stress (Meyer, 1995; Meyer, 2003a). LGB persons living in homonegative environments typically

report having less access to relevant sexual healthcare, being reluctant to disclose their sexual orientation to their physician, and being less likely to get tested for HIV than persons living in homopositive environments (Pennant, Bayliss, & Meads, 2009). Additionally, internalized homonegativity is correlated with higher risk-taking behavior such as unprotected sex, which increases the likelihood of contracting HIV (Berg, Ross, Weatherburn, & Schmidt, 2013).

In Meyer's (2003a) model of minority stress, internalized homonegativity is one third of the factors that make up minorities stress along with experiences of discrimination and perceived prejudice (Meyer, 2003a). Experiences of discrimination are instances where individuals are the target of prejudice or hate (Katz-Wise & Hyde, 2012), and can include physical violence (Meyer, 2003a) or verbal abuse (Katz-Wise & Hyde, 2012). Perceived prejudice refers to instances where an individual suspects they have been discriminated against or that they are being treated differently due to their marginalized status (Mayfield, 2005) such as being overlooked for a promotion (Greene & Britton, 2012; Meyer, 2003b). As it relates to oppression, minority stress is chronic in that individuals that may suffer poor health outcomes are likely to have experienced at least one of any of five factors, as outlined by Rostosky & Riggle, (2017) including discrimination, prejudice, rejection, decisions of concealment (i.e. decisions and actions taken to achieve an individual's goal of ensuring that people around them do not become aware of their same-sex attraction), and internalized stigma (Rostosky & Riggle, 2017). Any of these factors can impact the others and magnify potential negative health outcomes (Parra, Benibgui, Helm, & Hastings, 2016).

While there are several important factors to consider when discussing minority stress (Meyer, 2003a), internalized homonegativity is the focus of this study as it is the greatest predictor of minority stress (Meyer, 1995). Minority stress in turn is the theorized mechanism

under which LGB individuals experience poorer physical and mental health outcomes (Meyer, 2003a). For instance, greater stress leads to elevated levels of the neurotransmitter cortisol (Parra et al., 2016) which is a predictive factor for individuals who develop symptoms of depression (Parra et al., 2016) and cardiovascular problems, among other physical ailments (for review see Lick, Durso, & Johnson, 2013). Similarly, being the target of oppression, experienced or perceived, can lead to thoughts of helplessness or lost autonomy (Barlow, 2000), both of which are theorized mechanisms contributing to the development of anxiety disorders (Barlow, 2000). These effects are only amplified in the event that an individual possesses an additional marginalized identities in addition to being LGB (Ting-Toomey, 2015) such as belonging to a minority racial group (Meyer, 2010).

While internalized homonegativity is objectively maladaptive (Puckett, Levitt, Horne, & Hayes-Skelton, 2015), it is not necessarily a universal experience (Rosario, Schrimshaw, & Hunter, 2011). Some individuals can have quite positive experiences while navigating the discovery of their same-sex attractions (Rosario et al., 2011). Internalized homonegativity does not inherently coincide with a person having same-sex attractions (Puckett & Levitt, 2015) but rather, internalized homonegativity seems to be the result of environmental factors including poor family support (Rhoads, 1995), poor social support (Detrie & Lease, 2007), unsupportive or discriminatory governmental policies (Rosser et al., 2011, as cited in Berg, Lemke, & Ross, 2017), societal expectations (Borgeson & Valeri, 2015), school environments (Ballard, Jameson, & Martz, 2017), emotion regulation strategies (Greene & Britton, 2012) including cognitive reframing and emotion suppression (Gross & John, 2003), and the power imbalance inherent to being part of a marginalized group (Abdi & Van Gilder, 2016). While many factors play a contributing role, the only factor that appears to be in the control of the individual is in their

ability to regulate their perceptions and emotions (Greene & Britton, 2014). It is for that reason that emotion regulation and internalized homonegativity are the focus of the current study. Worth noting is that while any of the aforementioned factors or lack thereof may predict poor outcomes (Meyer, 2003a), their inverse may also serve as protective factors (Hill & Gunderson, 2015; Moe, Dupuy, & Laux, 2008).

Berg, Ross, Weatherburn, and Schmidt (2013) theorized that internalized homonegativity could, in part, be the result negative societal stereotypes of LGB people as well as unaccepting family environments (Mohr & Fassinger, 2003) and psychological distress from laws that prohibit marriage to persons of the same sex (Hatzenbuehler, McLaughlin, Keyes, & Hasin, 2010). Berg et al. (2013), in the largest study of its kind with 144,177 participants surveyed from 38 countries across Europe, found that countries with laws restricting the rights of LGB people had the highest rates of internalized homonegativity among LGB people. This discrimination can be internalized and incorporated by LGB individuals into their own identity (Malyon, 1981).

The conflict associated with internalized homonegativity may even extend outside an individual to affect those around them (Edwards & Sylaska, 2013). Rostosky and Riggle (2017) noted that internalized oppression, as it relates to individuals with same-sex attractions, can also impact factors such as low levels of relational commitment. Rostosky and Riggle (2017) posited that the mechanism for such an effect may be that a person's same-sex partner may remind them of possible contempt they may hold for themselves. The same study also found that high levels of internalized homonegativity coincided with a lower levels of a person's confidence in their ability to communicate with their same-sex partner (Rostosky & Riggle, 2017).

Within the LGB community, especially among gay men, there appears an elevated rate of partner abuse (Edwards & Sylaska, 2013). Specifically, there appears to be a link among

physical perpetrations of violence against a partner and concealment attempts and internalized homonegativity (Edwards & Sylaska, 2013). This suggests that there may be a link between internalized homonegativity and physical violence in that the aggressor may be malicious towards their partner as a means of venting their frustrations with their own sexuality by using their partner to vent aggression that they may hold with themselves (Edwards & Sylaska, 2013). While this may seem abstract, it makes sense in the context that the partner, by virtue of having same-sex attractions akin to the aggressor, serves as a physical representation of what the aggressor does not like about themselves (Edwards & Sylaska, 2013). In the same study conducted by Edwards and Sylaska (2013), a similar link was found between internalized homonegativity and perpetration of sexual abuse. The researchers suggested that it could be a symbolic form of reclaiming power that was perceived to be lost by virtue of possessing a marginalized identity (Edwards & Sylaska, 2013). Moreover, psychological abuse against a same-sex partner was related to instances where the aggressor themselves was victimized for their same sex attractions (Edwards & Sylaska, 2013). While all of these acts are maladaptive (Freitas, Coimbra, & Fontaine, 2017), the unifying theme among them is a frustration with their marginalized status in the social world (TenHouten, 2018).

The prevalent substance abuse may in part be an attempt to escape internalized societal stigma (Puckett & Levitt, 2015) or cope with negative environments and social attitudes (Hirsh & Kang, 2016).

Depression can also coincide with low self-acceptance (Vincke & Bolton, 1994) furthering internalized homonegativity in the individual, and as a result, some LGB individuals may be less likely to publicly identify as LGB, also known as coming out of the closet (Rhoads, 1995). For those who do choose to come out of the closet, not everyone comes out in an open

and accepting environment (Rhoads, 1995) and some people even come-out in environments where they may be susceptible to having their overall well-being negatively impacted (Cox, Dewaele, van Houtte, & Vincke, 2011). However, in instances where an individual is not at risk of their safety or financial support being hampered, coming out of the closet can be associated with improved mental health outcomes (Maniago, 2018) along with increased self-esteem, self-acceptance, and overall quality of life (Dehlin, 2015).

In situations where individuals are not able to safely publicly discuss their sexual identity, some LGB people may think that they have no outlet for their negative emotions or that they can't talk to anyone about their distress (Vincke & Bolton, 1994). However, there appears to be some protective factors against LGB individuals suffering from effects of internalized homonegativity (Freitas et al., 2017) Furthermore, some individuals may have minimal or even non-existent issues accepting their sexuality (Hill & Gunderson, 2015). High levels of social support appear to be especially prevalent for individuals that report lower levels of internalized homonegativity than same-sex attracted individuals with minimal social support (McDavitt et al., 2008).

Cass (1984), in her model of LGB identity development, suggested that if an individual rejects their LGB identity, it is indicative of only one out of several possible paths an individual may take while navigating their sexuality (Cass, 1984). This identity rejection may occur at any level of the 6-stage model (Cass, 1984). While negative perceptions of an individual's sexuality may suspend their progression to the next stage of development, it is rarely a permanent blockage, but rather, it may only be a temporary barrier (Cass, 1984). Such a model suggests that anyone with any level of internalized homonegativity can progress to the final stage of the model, provided an individual is supported under amenable conditions. The final stage in Cass's

(1984) model is identity syntheses wherein an individual comes to accept their same-sex attraction as part of their identity and is no longer resentful, if indeed they ever were (Cass, 1984).

Internalized homonegativity doesn't necessarily stop at affecting how the individual perceives their own sexual identity (Borgeson & Valeri, 2015). Internalized homonegativity may be projected outward to play a role in how some LGB people struggling with internalized homonegativity perceive other LGB individuals, even to the extent that they struggle with identifying with the LGB community (Mohr & Kendra, 2011). Such a discrepancy is likely to have discernable effect on an LGB individual's identity development (Ting-Toomey, 2015) and potentially some challenges with regulating their emotions where their social identity is concerned (TenHouten, 2018).

Social Identity Theory

According to Social Identity Theory (SIT), individuals form their self-perception and their identity by understanding how they fit into a group and making comparisons of the self to other people and groups (Tajfel, 1979). Tajfel (1979) posits that individuals are prone to wanting to maintain a positive self-concept, and by extension, a positive view of the groups they belong to, even if the groups are arbitrary. However, if an individual belongs to a group that is perceived to be of low status, such as belonging to a sexual minority group (Abdi & Van Gilder, 2016), individuals may tend to distance themselves or psychologically leave the group by making negative comparisons of a group they perceive that they do not belong in, further separating themselves from the group of low status (Borgeson & Valeri, 2015). The opposite can also be true where an individual makes intergroup comparisons that favor their new-found group

(Górska & Bilewicz, 2015) which suggests that an individual will focus on the positive aspects of their group to reconceptualize how they see their new group (Hornsey, 2008).

Riggle, Rostosky, Mohr, Fingerhut, and Balsam (2014) found that there are five factors that contribute to a positive construct of LGB identity: authenticity (comfort with the self), increased self-awareness (an individual's sexual attractions), community support (the extent to which an LGB individual has garnered social support for other LGB individuals), physical intimacy, (comfort with one's sexuality will lead an individual to pursue more sexual freedom with same-sex partners), and finally, social justice (activism benefiting the LGBTQ community) (Riggle et al., 2014). Ideally an individual will come to adopt an integrated sexual identity (Cass, 1984), though for some individuals such an undertaking is more challenging than for others (Cass, 1984). This difficulty may be a result of an individual with same-sex attractions, unconsciously or consciously, perceiving that a violation toward the self has occurred by way of perceiving their sexuality as a social demotion (TenHouten, 2018; Wester, Pionke, & Vogel, 2005).

Most individuals are raised in a setting where it is assumed they are heterosexual (Rhoads, 1995), as a result the transition may be difficult to accept if LGB individuals perceive that they do not belong in the group in which they were raised (Pachankis, Sullivan, Feinstein, & Newcomb, 2018). According to SIT, an individual's ingroup occupies a different status in their mental hierarchy and is an extension of themselves (Tajfel, 1979). If an individual is part of a group they do not want to be in, they may mentally create a subcategory (Crisp, Stone, & Hall, 2006) which reconciles the notion that they are forced to be in a group of perceived low status. By creating a sub category, individuals acknowledge the association, yet distance themselves from the group so they do not perceive themselves to be of lower status (Stets & Burke, 2000).

Therein lies the crux that is central to the formation of internalized homonegativity (Kelley & Robertson, 2008). LGB individuals who develop internalized homonegativity may be doing so as a reaction to a perceived demotion in social hierarchy (Ridge, Plummer, & Peasley, 2006) in that LGB individuals have historically been oppressed by the masses (Katz-Wise & Hyde, 2012).

Internalized homonegativity is not necessarily a construct that developed solely due to the frustrations of the individual (Tappan, 2005). In some contexts, individuals may come to internalize the beliefs of the larger society (Tappan, 2005). That is, individuals fulfill the roles assigned to them by society consciously or unconsciously (Tappan, 2005). For example, such role fulfillment may come to fruition if an individual who is treated as “less than” comes to believe that they are “less than” (Tappan, 2005). While this strategy of negotiating a social environment may at first appear as submission, it may also be an unconscious survival strategy in that individuals who do not conform to societal expectations run the risk of receiving retaliation from the masses for not acting in accordance with societal expectations (Wadham, 2013). Yet another strategy someone with internalized homonegativity may deploy as a means to manage their perceived oppression may be to adopt the behaviors of their perceived oppressors (Tappan, 2005). Some LGB individuals may treat other LGB people poorly not only to assert dominance by reclaiming a perceived loss of status (Roseman, 2018), but also to gain the respect of the dominant group, in this case heterosexuals (Tappan, 2005).

Individuals create reasons to affirm that they are different from individuals in another group to uphold their perceived distinctness (Crisp et al., 2006), and in some cases, a sense of superiority (Borgeson & Valeri, 2015), likely as a strategy to distinguish themselves from the perceived lower status group (Górska & Bilewicz, 2015). If and when individuals conform to a group, individuals do not lose themselves, but experience a shift in perspective through a process

of deindividuation (Stets & Burke, 2000). As a means of coping, individuals who are experiencing a conflict within their identity roles may suppress a conflicted identity by devaluing or dis-identifying from an identity (Hirsh & Kang, 2016).

The adoptions of a new strategy of portraying the self or “performing identity” (Petty & Trussell, 2018) does not negate the existence of a previous identity that conformed to societal expectations (Cass, 1984) but rather it creates a split of identity (Ridge et al., 2006), not in the pathological sense (i.e. dissociative identity disorder) but rather in that an individual simultaneously holds multiple ways that the self is capable of behaving in certain situations and may perceive situations differently depending on which aspect of their identity is most salient (Hirsh & Kang, 2016).

It is this split that contributes to distress experienced by individuals experiencing internalized homonegativity (Cass, 1984) because they may simultaneously be trying to negotiate the world with conflicting identities that they both are/are not LGB (Feldman & Wright, 2013). Whereas humans are ultimately driven to be the most adaptive version of themselves (McLean & Syed, 2015), it is occasionally advantageous to hold multiple identities (Feldman & Wright, 2013). When the identities conflict therein lies one mechanism of internal distress (Hirsh & Kang, 2016). Of note, where multiple identities hold valuable traits, an ideal outcome is one where the conflict is resolved by integrating the multiple identities into a new whole that capitalize on the adaptive traits of all identities concerned (Kashubeck-West, Whiteley, Vossenkemper, Robinson, & Deitz, 2016). Such rationale is ultimately the goal of some counseling theoretical orientation treatment modalities (i.e., Gestalt) (Wagner-Moore, 2004).

Rosario, Schrimshaw, Hunter, and Braun (2006) measured the extent to which LGB youths developed an integrated identity that included their same-sex attraction. The study

assessed the participants' comfort with their same sex attraction, self-acceptance, and involvement in LGB related social activities (Rosario et al., 2006). Identity integration improved over time, indicating that identity conflict was reduced the longer the participants accepted themselves as having same-sex attractions (Rosario et al., 2006).

In this context, same-sex attracted individuals may be likely to suppress their perceptions and emotions regarding their sexuality (Greene & Britton, 2012) as it may be emotionally difficult to navigate potential conflicts between identities, especially if they have yet to accept their same-sex attractions (Greene & Britton, 2012). While there are several factors that may influence the relationship between acceptance of one's same-sex attraction and internalized homonegativity (Darby-Mullins & Murdock, 2008; Mohr & Fassinger, 2003; Parker, Löhms, Mangine, & Rüütel, 2016), emotions are malleable (Opitz, Lee, Gross, & Urry, 2014) and are thus influenceable by the individual (Gross, 1998). This property of emotions suggests that the study of emotion may be paramount toward better understanding the relationship between sexuality acceptance and internalized homonegativity (Darby-Mullins & Murdock, 2008), and to eventually developing interventions aimed at reducing internalized homonegativity (Greene & Britton, 2014).

Emotional Regulation

Emotional regulation refers to the process through which an individual evaluates and or modifies their emotional reaction to a stimuli (Thompson, 1994). The function of emotion is to provide data to the individual regarding their perception of a situation (Gross, 1998). For instance, if an individual is feeling anger, it may be an indicator that a perceived wrong-doing has occurred (for review see Lench, 2018). Happiness provides information that suggests an individual may benefit from continuing a behavior (for review see Lench, 2018). Sadness can

serve as an indicator that a loss has occurred (for review see Lench, 2018), etc. Emotions serve to augment an individual's behavioral strategy in response to sensory input (Gross, 1998).

Therefore, emotion regulation plays an important part of human behavior as emotions tend to be a dominant factor that influences behavior (Roseman, 2011). Emotion regulation is distinct from other forms of affect regulations such as coping or psychological defense in that coping strategies are deployed in order to reduce the distress from an experienced emotions (Gross, 1998) and defenses are an automatic attempt to negate the awareness of an emotion (Gross, 1998). Emotion regulation is different in that it is an attempt at transforming the experience of the emotion all together (Gross 1998).

Emotion regulation is the focus of the current study, as research has indicated that in order for an individual to transform their self-perception from self-hate to self-compassion there must be the involvement of empathy, love, and acceptance for the self (Salerno, 2017). In order to begin the process of self-acceptance, an individual may benefit from learning to channel such affective experiences inward (Gross, 1998). Such experiences are equally as vital for counselors to be mindful of when working with clients who are experiencing identity conflict (Salerno, 2017). Strategies of emotion regulation include expressive suppression and cognitive reappraisal (Ford & Gross, 2018), acceptance (Whelton, 2004), and decentering (Puckett, Mereish, Levitt, Horne, & Hayes-Skelton, 2016). While all these strategies can alter how a human reacts to a situation or an emotion, they are not all equally effective or employed in the same situations (Richards & Gross, 1999).

Acceptance is the ability to allow the self to withhold judgment of a situation or stimulus, such as being good or bad, and instead understand that a situation will unfold, with or without the permission of the self (Goldin, Moodie, & Gross, 2019). This strategy is effective and is a

core principle in both Acceptance and Commitment Therapy (ACT) (Whelton, 2004) as well as distress tolerance in Dialectical Behavioral Therapy (Roberton, Daffern, & Bucks, 2014).

Acceptance has been proven to reduce distress, though it is not as effective as cognitive reappraisal (Goldin et al., 2019). Whereas the first strategy is simply to accept a situation as it is, the latter strategy is an active process that transforms the reaction to the stimulus (Ochsner & Gross, 2005). Cognitive reappraisal refers a process where an individual takes stock of the emotion they are feeling, identifies the inciting stimulus, and mentally reevaluates whether they are experiencing an appropriate or beneficial reaction (Ochsner & Gross, 2005). For example, instead of a class presentation being conceptualized as a situation that a presenter is to be evaluated on their knowledge of a subject, a person could cognitively reappraise the situation as an opportunity to impress or perform in front of an audience.

Both strategies are helpful, but cognitive reappraisal has been demonstrated to reduces stress more (Goldin et al., 2019). The advantage of using acceptance however is that it requires fewer neural resources (Goldin et al., 2019). Neural resources refers to the amount of energy it takes to process a thought (Goldin et al., 2019). The fewer resources a stimulus needs in order for it to be processed, the less cognitively demanding and therefore easier it is for a person to process their interpretation of an event.

Decentralizing refers to a strategy in which an individual mentally removes themselves from their conceptualization of a situation (Puckett et al., 2016) (i.e. view the events around them as matter of fact rather than consider how the events impact them). For instance, in the event that an individual were to receive negative comments about their sexuality, an individual employing decentralizing does not consider the comment to be a truth or judgment levied against the self but merely as an event that happened (Puckett et al., 2016). In a study conducted to assess the

efficacy of decentering as a moderator between internalized homonegativity and psychological distress, the results indicated that individuals that employed decentering were less susceptible to experiencing psychological distress as it relates to internalized homonegativity (Puckett et al., 2016).

Finally, expressive suppression refers to a process where a person will attempt to deny that they are feeling an emotion or to limit the extent that they express an emotion (Gross & Levenson, 1993). Expressive suppression might be used when attempting to avoid expressing an inappropriate emotion like showing excessive glee after victory in a competition with a friend (Gross & Levenson, 1993) or for cultural reasons, (i.e. males in some communities are expected not to express sadness) (Borgeson & Valeri, 2015). On a global scale, various cultures are more likely to use emotion regulation strategies for different purpose (Richards & Gross, 1999). Culture plays a significant role when employing emotion regulation. For instance, in western countries (e.g., in the United States of America where the present study is being conducted), people are more likely to use suppression as a form of protection against societal scrutiny (Butler, Lee, & Gross, 2007). Yet in Asian countries, people are more likely to suppress emotions because it is not the cultural norm to express much emotion (Butler et al., 2007).

In the present study, the two emotion regulation strategies that were explored are cognitive reappraisal and expressive suppression. Typically, individuals that use cognitive reappraisal tend to have better coping outcomes and greater self-acceptance (John & Gross, 2004). Whereas expressive suppression is typically highly correlated with shame (Greene & Britton, 2012) and internalized disorders such as anxiety and depression (Hatzenbuehler, McLaughlin, & Nolen-Hoeksema, 2008). Expressive suppression also tends to be negatively correlated with openness to new experiences (Hill & Gunderson, 2015) which is typically highly

correlated with resilience (Kwon, 2013). Resilience is a protective factor which has been demonstrated to mediate the negative effects of internalized homonegativity (Meyer, 2015).

Emotion regulation strategies may prove to be especially important for LGB individuals as there are stressors unique to LGB individuals (Meyer, 2003a) that other strategies may not be able to alleviate, specifically situations that are driven by aggression (Kelley & Robertson, 2008). Anger may prove to be the most salient of emotional reactions that LGB individuals may need to contend with due to a perceived demotion in the social hierarchy of the masses (TenHouten, 2018). Anger is also likely to play a deteriorative role in LGB individuals' attempts to garner social support in that there appears to be elevated rates of social aggression in LGB settings, especially for males (Kelley & Robertson, 2008).

One salient mechanism of aggression appears to be the result of other gay and bisexual men policing each other in an attempt to enforce societal gender norms (Kelley & Robertson, 2008). This result may have occurred as a way for some gay and bisexual men to narrow the perceived power dynamic gap between gay and bisexual men and heterosexual men (Wester, Pionke, & Vogel, 2005). This dynamic seems indicate that there may be infighting among some gay and bisexual men regarding the perceived most appropriate way for men to act (Kelley & Robertson, 2008). Kelly and Robertson (2008) noted that much of the concern of men who insist on other men conforming to heteronormative standards seems to be regarding standards of communication. In the same study (Kelley & Robertson, 2008), participants noted that among gay and bisexual men, there appears to be a prevalence of men gossiping about each other that is colloquially referred to as "cattiness" (Kelley & Robertson, 2008).

Much of the frustration of the participants seemed to be the distaste for men communicating in a style that is societally recognized as feminine (Kelley & Robertson, 2008).

As a result, the men that attempted to police the behavior of other gay men likely hold elevated levels of aggression because “acting feminine” (Kelley & Robertson, 2008) may be perceived to reflect poorly on gay and bisexual men as it threatens the perceived power that is associated with masculinity (Wadham, 2013).

To that end, those attempting to regulate the behavior of others likely hold an elevated amount of aggression and would likely benefit from the development of emotion regulation strategies (Puckett & Levitt, 2015) as elevated levels of aggression are linked to poor mental health outcomes and symptoms of depression (Martin-Storey & Crosnoe, 2012). This aggression may also impede platonic relationships with other member of the LGB community (Kelley & Robertson, 2008). This is especially detrimental in that social support is significantly correlated with subjective well-being among LGB individuals (Toomey, Ryan, Diaz, & Russell, 2018).

Gross (1998) posits that there are 5 levels at which experiences of emotions can be transformed. Those levels include situation selection, which refers to whether a person will focus on a situation (Gross, 1998). Situation modification is determining the extent to which an emotion will impact an individual, or that an individual will let a situation impact them (i.e. vulnerability) (Gross, 1998). Additionally, emotions can be regulated at the level that Gross (1998) refers to as attention deployment, which is the stage at which an individual chooses which part or parts of an emotion provoking situation to pay attention to (Gross, 1998). Cognitive change is the stage at which an individual can determine what meaning will be attached to a situation (Gross, 1998). Finally, response moderation entails how the individual will react to the data that the emotion has provided (Gross, 1998).

Of note is that emotions can be transformed at any level (Gross, 1998), ideally to an affective state that is positively experienced. Positive emotions are emotions that are more likely

to make individuals feel good including joy, hope, awe, and love, gratitude (for review see Fredrickson, 2018) and are linked with cognitions of purpose (for review see Fredrickson, 2018). Both of which elevate a person's sense of autonomy and overall subjective well-being (for review see Fredrickson, 2018). Even on a physiological level, positive emotions influence cardiovascular functioning and human bonding by way of increased oxytocin levels (for review see Fredrickson, 2018). In order to increase the rate and experience of positive emotions, the broaden and build theory (for review see Fredrickson, 2018) states that the intentional awareness, experience, and transformation of positive emotions over time leads to the accrual of neural resources and reshapes neural pathways that lead to the more automatic formation of positive emotions (for review see Fredrickson, 2018). Such a theory may prove invaluable towards helping individuals prone to negative cognitions regarding their sexuality incorporate a more positive view of their self and their sexuality, thereby reducing or even eliminating internalized homonegativity (Greene & Britton, 2014). This seems to be supported as emotion regulation has been found to attenuate the relationship between LGB minority stress and negative mental health outcomes (Greene & Britton, 2014) in that it reduces distress felt from oppressive situations. Self-regulation leads to comfort with accessing extreme emotions and taking ownership through mediation rather than moderation, of distress, oppression, and positive self-concept (Greene & Britton, 2014; Salerno, 2017)

Humans are typically predisposed to maintain a positive self-concept, and by extension align with groups that serve as extensions of that individual's self-concept (Tajfel, 1979). However, an individual's disposition does not always place them in a group that they believe reflects their self-concept (Hirsh & Kang, 2016). Sometimes, happenstance aligns an individual with a group they perceive to be of a low status (Wright & Perry, 2006). If indeed a group is an

extension of identity, an individual may perceive that they were set up to be of a lower status (Hirsh & Kang, 2016). As a reaction, that individual may internalize negative preconceptions as an unconscious attempt to separate themselves from the perceived low status group (Crisp et al., 2006) and even project those negative internalizations outward and onto other members of the perceived low status group (Kelley & Robertson, 2008).

Therefore, if an LGB individual was raised under the pretense that they were heterosexual and they come from an environment where sexual minorities were perceived to be of a lower status (Greene & Britton, 2014), an LGB person may psychologically distance themselves by rejecting, concealing (Jackson & Mohr, 2016) or suppressing the salience of their sexual identity (Jones, 2018). They might also mentally create a sub category wherein the individual can reconcile being part of a sexual minority group (Greene & Britton, 2012).

The goal of this study is to determine the extent to which internalized homonegativity will contribute significantly to the variance of LGB identity where high scores of internalized homonegativity will be negatively related to LGB identity, and low scores of internalized homonegativity will be positively related to LGB identity. This study will also determine the extent to which emotion regulation strategies will significantly contribute to the variance of LGB identity, such that cognitive reappraisal will be positively related to the LGB identity, and expressive suppression will be negatively related to LGB identity.

Methods

Participants

The study was conducted at a mid-size midwestern university using students and employees. A total of 230 LGB participants completed the survey; the data of 6 participants were

removed due to having an invalid response pattern. The data of the remaining 224 participants were deemed valid and used in the analyses. Of the 224 participants, 46 (20%) self-identified as male (cisgender or transgender) while 178 (80%) self-identified as female (cisgender or transgender). No other options were selected. Ages ranged from 18 to 62 years old. The average participant age was 22.7 years old with a standard deviation of 6.8 years.

Most participants identified as undergraduate students (174 or 77.7%) or graduate students (30 or 13.4%). For the remaining participants, 14 (6%) of participants identified as staff, and 6 (3%) identified as faculty. In terms of race or ethnicity, participants identified in this way: 174 (78%) white/Caucasian, 18 (8%) bi/multiracial 14 (6%) black/African American, 8 (4%) Latinx, 8 (4%) Asian, 1(.5%) Middle Eastern, and 1 (.5%) Native American. No participants identified themselves as having an “other” racial identity.

Procedures

Participants were recruited via campus wide email. In the email, participants were provided a link which directed them toward the survey. Participants were offered either class credit or were offered an equal opportunity to earn a monetary award in exchange for participating in the study. Upon clicking on the link, the participants were first presented with an informed consent form explaining potential risks and benefits of participation in the study. Participants indicated their consent by marking that they agreed to participate on the consent form. In addition to the consent form, the survey consisted of a brief demographic questionnaire with items asking about the participants’ age, years of post-secondary education, race, gender, sex, and sexual orientation. The other scales used were the Emotion Regulation Questionnaire, the Lesbian Gay Bisexual Identity Scale, the Lesbian Internalized Homophobia scale if the participant identified as a female, or the Internalized Homophobia Scale if the

participant identified as a male. The order of the scales was counterbalanced in order to avoid any priming effects that the language of the scales may have evoked.

Instruments

The demographic questionnaire inquired about the participants' age, , gender, race, affiliation with the university, and sexual orientation. (Appendix B)

The Emotion Regulation Questionnaire (ERQ) (Gross & John, 2003) (Appendix C) is a set of questions designed to measure two emotion regulation strategies: cognitive reappraisal and expressive suppression. Cognitive reappraisal refers to the emotion regulation strategy of considering an event or situation from a different perspective so as to lessen the negative emotional impact on the individual's life. Expressive suppression refers to the strategy of an individual to psychologically distancing themselves from an event or situation so as to not process a negative emotion or event (Gross & John, 2003). The ERQ is a 10-item questionnaire. Participants respond to items using a 7-point Likert type scale with 1 = "strongly disagree" and 7= "strongly disagree." The first 6 items comprise the cognitive reappraisal sub-scale with an internal consistency between .77 and .82. The last 4 items comprise the expressive suppression subscale with an internal consistency between .68 and .76. Convergent validity for reappraisal was established at ranges between .43 and -.29 compared to related scales. Convergent validity for suppression was established at ranges between .47 and -.43 compared to related scales. The survey is scored by summing the subscales individually. Higher scores of the cognitive reappraisal subscale indicate that participants tend to employ reappraisal when faced with a situation likely to elicit distressful emotions. Low scores on the cognitive reappraisal subscale indicate that participants tend not to employ reappraisal. The total score on the cognitive reappraisal subscale ranges from 6 to 42. Higher scores of the suppression subscale indicate that

participants tend to employ expressive suppression when faced with a situation likely to elicit negative emotions. Low scores on the suppression subscale indicate that participants tend not to employ expressive suppression. The total score on the cognitive reappraisal subscale ranges from 4 to 28.

The Lesbian, Gay, and Bisexual Identity Scale (LGBIS) (Mohr & Kendra, 2011) (Appendix D) measures the extent to which a same-sex attracted individuals identify as lesbian, gay, or bisexual, the degree to which they identify with their sexuality, and the extent that their sexuality is part of their identity. The LGBIS consists of 8 subscales including measures for Concealment Motivation, Identity Uncertainty, Internalized Homonegativity, Difficulty with the Identity Development Process, Identity Superiority, Identity Affirmation, and Identity Centrality. Internal consistency for the LGBIS, as reported by Mohr and Kendra (2011), ranged from .70 to .92. The LGBIS consists of 27 items, each scored on an 8-point Likert-type scale with 1 = “strongly disagree” and 8 = “strongly agree.” Each item is marked as any value between 1 and 8 depending on the extent to which participants agree with the presented statements. A sample item on the scale states “I prefer to keep my same-sex romantic relationships rather private.” The survey is scored by summing total number of items together. Higher scores indicate that participants strongly identify as lesbian, gay, or bisexual. Low scores indicate that participants do not strongly identify as lesbian, gay, or bisexual. The total score on the LGBIS ranges from 27 to 216. Construct validity was established by comparing the 8 individual subscales of the LGBIS to related scales including measures of identity confusion, self-acceptance, and feelings of superiority.

Lesbian Internalized Homophobia Scale (LIHS) (Appendix E) (Szymanski & Chung, 2001) The LIHS measures feelings of internalized homonegativity in lesbian and bisexual

women. Women often experience different experiences than men, and so a separate scale will be used. Most other scales that measure internalized homonegativity were made specifically for gay and bisexual men, as a result multiple internalized homonegativity scales are needed. The scale consists of 39 items such as “When speaking of my lesbian lover/partner to a straight person, I change pronouns so that others will think I’m involved with a man rather than a woman.” and “I feel bad for acting on my lesbian desires.” Items are scored on a 7-point Likert-type set ranging from 1 = “strongly disagree” to 7 = “strongly agree.” The survey was scored by summing the total number of items. Higher scores indicate that participants tend to experience more internalized homonegativity. Low scores on the scale indicate that participants typically don’t experience internalized homonegativity. The scale has an internal consistency between .6 and .87, with Cronbach’s Alpha at .94. Construct validity was established via significant correlations between the LIHS subscales and criterion measures of self-esteem, ranging from -.055 and -.31, and loneliness, ranging from .388 and .135. The total score can range from 39 to 273.

Internalized Homophobia Scale (IHS) (Appendix F) (Wagner, Serafini, Rabkin, Remien, & Williams, 1994) The IHS measures internalized homonegativity within gay and bisexual men. It consists of 20 items and each item is scored on 5-point Likert-type-scale with 1= “strongly disagree” and 5= “strongly agree.” The scale was tested for internal consistency and produced a Cronbach’s Alpha of .92. Examples of the items on the scale include, “Life as a homosexual is not as fulfilling as life as a heterosexual” and “I would not give up being gay even if I could.” The survey is scored by summing the total number of items. Higher scores indicate that participants tend to experience more internalized homonegativity. Low scores on the scale indicate that participants typically don’t experience internalized homonegativity. Construct validity was established by comparing the IHS to scales measuring demoralization (.49) and

integration into the gay community (-.54). In order to score the measure, all items are to be summed. The total score can range from between 20 to 100.

Design and Data Analysis

A multiple regression analysis was used to analyze the amount of variance each of the predictor variables (internalized homonegativity and emotion regulation) accounted for in the criterion variable (LGB identity).

Hypothesis 1: Internalized homonegativity will contribute significantly to the variance of LGB identity where high scores of internalized homonegativity will be negatively related to LGB identity, and low scores of internalized homonegativity will be positively related to LGB identity.

Hypothesis 2: Emotion regulation strategies will significantly contribute to the variance of LGB identity, such that cognitive reappraisal will be positively related to the LGB identity, and expressive suppression will be negatively related to LGB identity.

Results

Given that 2 different measures of IH were used in this study (one for male participants and one for female participants), separate analyses were conducted for male and female participants.

Primary Analysis - Intercorrelations

Intercorrelation for female participants are provided in Table 1. A positive correlation was found between internalized homonegativity and LGB identity ($r = 0.218, p < 0.01$). Same-sex attracted female LGB identity was additionally found to have a significant positive

correlation with the emotion regulation strategy of expressive suppression ($r = 0.135, p < 0.01$).

Expressive suppression was also found to be significantly positively correlated with internalized homonegativity ($r = .194, p = .005$).

Table 1

		LGBI	FIH	ES	CR
Pearson Correlation	LGBI	1.000			
	FIH	.218*	1.000		
	ES	.135*	.194*	1.000	
	CR	.047	-.085	-.013	1.000

LGBI = lesbian gay bisexual identity; FIH = female internalized homonegativity; ES = expressive suppression; CR = cognitive reappraisal; * = significant result.

Intercorrelations for male participants are provided in Table 2. Among male participants, internalized homonegativity was found to be significantly positively correlated with LGB identity ($r = .455, p = .001$).

Table 2

		LGBI	MIH	ES	CR
Pearson Correlation	LGBI	1.000			
	MIH	.455*	1.000		
	ES	-.050	.145	1.000	
	CR	-.230	-.102	-.237	1.000

LGBI = lesbian gay bisexual identity; MIH = male internalized homonegativity; ES = expressive suppression; CR = cognitive reappraisal; * = significant result.

Main Analysis

Multiple regression analyses were conducted to test the first hypothesis, which stated that internalized homonegativity will contribute significantly to the variance of LGB identity where high scores of internalized homonegativity will be negatively related to LGB identity, and low scores of internalized homonegativity will be positively related to LGB identity.

Within the multiple-regression analysis for same-sex attracted females, internalized homonegativity, cognitive reappraisal, and expressive suppression significantly accounted for 6.1% of the variance in LGB identity $R^2 = .061$, adjusted $R^2 = .045$ $F(3, 174) = 3.757$, $p = .012$. It was found that among same-sex attracted females, internalized homonegativity significantly predicted LGB identity ($\beta = .085$, $p = .007$), such that a greater degree of internalized homonegativity was related to a greater degree of LGB identity (i.e. identification as part of the LGB community). Thus the first hypotheses, that internalized homonegativity would negatively relate to LGB identity, was not supported among same-sex attracted females.

Table 3

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	69.751	6.407		10.886	.000
	FIH	.085	.031	.205	2.727	.007
	ES	.281	.218	.096	1.287	.200
	CR	.140	.158	.065	.887	.376

FIH = female internalized homonegativity; ES = expressive suppression; CR = cognitive reappraisal

A multiple-regression analysis was used to test the first hypothesis for same-sex attracted males. The results indicated that internalized homonegativity, cognitive reappraisal, and

expressive suppression significantly accounted for 26.7% of the variance in LGB identity $R^2 = .267$, adjusted $R^2 = .215$ $F(3, 42) = 5.106$, $p = .004$. Same-sex attracted males' internalized homonegativity significantly predicted LGB identity ($\beta = .431$, $p = .001$), such that a greater degree of internalized homonegativity was related to a greater degree in LGB identity. Thus, the first hypothesis, that internalized homonegativity would negatively relate to LGB identity, was not supported among same-sex attracted males.

Table 4

		Unstandardized Coefficients		Standardized Coefficients		
Model		B	Std. Error	Beta	t	Sig.
1	(Constant)	94.820	14.745		6.431	.000
	MIH	.431	.126	.457	3.412	.001
	ES	-.457	.371	-.169	-1.233	.224
	CR	-.622	.380	-.223	-1.635	.110

MIH = male internalized homonegativity; ES = expressive suppression; CR =

cognitive reappraisal

To test the second hypothesis, which stated that emotion regulation strategies would significantly contribute to the variance of LGB identity. Multiple regression analyses were conducted for male and female participants. Multiple regression results for female participants indicated the predictor variables of cognitive reappraisal and expressive suppression together accounted for 2.1% of the variance in LGB identity, $R^2 = .021$, adjusted $R^2 = .01$, $F(2, 176) = 1.849$, $p = .16$. Neither cognitive reappraisal nor expressive suppression was found to significantly contribute to that variance in LGB identity among females. The second hypothesis

was not supported for female participants because cognitive reappraisal and expressive suppression did not make a significant contribution to the variance in LGB identity for females.

A multiple regression analysis was conducted to test the second hypothesis for males, which stated that emotion regulation strategies would significantly contribute to the variance of LGB identity. Cognitive reappraisal and expressive suppression accounted for 6.4% of the variance in LGB identity, $R^2 = .064$, adjusted $R^2 = .01$, $F(2, 43) = 1.475$, $p = .24$. Neither cognitive reappraisal nor expressive suppression was found to significantly contribute to that variance in LGB identity among males. The second hypothesis was not supported such that neither cognitive reappraisal nor expressive suppression significantly contributed to the variance in LGB identity for males.

A separate multiple regression analysis was conducted to test the second hypothesis, and this analysis included both male and female participants wherein cognitive reappraisal and expressive suppression accounted for .9% of the variance in LGB identity, $R^2 = .009$, adjusted $R^2 < .001$. $F(2, 221) = 1.013$. Neither cognitive reappraisal nor expressive suppression significantly predicted LGB identity, thus the second hypothesis which stated that cognitive reappraisal and expressive suppression would predict LGB identity was not supported for male or female participants.

Table 5

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	83.161	5.214		15.948	.000
	ES	.273	.192	.095	1.423	.156

CR	.013	.150	.006	.084	.933
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ES = expressive suppression; CR = cognitive reappraisal

Discussion

The first hypothesis stated that internalized homonegativity will contribute significantly to the variance of LGB identity where high scores of internalized homonegativity will be negatively related to LGB identity, and low scores of internalized homonegativity will be positively related to LGB identity. In other words, an individual who may feel a sense of shame due to their same-sex attractions will be less likely to accept and fully identify as part of the LGBTQ+ community. While there is pre-existing evidence to suggest the likelihood of such an outcome (Greene & Britton, 2012), the results of this study proved to be counterintuitive in that the results of this study indicate a significant positive relationship between LGB identity and internalized homonegativity, for males more so than for females.

Stated directly, the results of the study suggest that LGB individuals may strongly identify with their sexuality and their same sex attractions, while also feeling a sense of shame regarding their sexual orientation. This may seem paradoxical in that one may assume that an LGB individual is not likely to take pride and feel shame in their sexuality, and yet that seems to be the case. One possible explanation may be that an individual's attitude toward their sexuality may be context specific. For instance, during Pride marches (celebrations of LGBTQ+ culture) an individual may strongly identify with their sexuality. However, during occasions where an individual is not in a supportive environment or is reminded of possible negative effects associated with being LGB, an individual may experience internalized homonegativity.

The second hypothesis, which stated that emotion regulation strategies would significantly contribute to the variance of LGB identity such that cognitive reappraisal would be positively related to the LGB identity and expressive suppression would be negatively related to LGB identity, was not supported. The study found that emotion regulation strategies were not significantly correlated with LGB identity.

However, emotion regulation strategy did appear to significantly affect the variance of internalized homonegativity, but only for females, and only expressive suppression. Cognitive reappraisal was not found to be significantly correlated with internalized homonegativity for females or males. More research is needed to determine why only expressive suppression seems to be significantly correlated with internalized homonegativity. One possible explanation for the difference could be due to the different internalized homonegativity scales being used for males and females. The gender difference could disappear if internalized homonegativity were measured on the same scale for males and females.

Another possible explanation is that expressive suppression is typically employed to avoid painful emotions (Gross & Levenson, 1993). Given that same sex-attraction may likely to be associated with painful emotions, it is not surprising that expressive suppression would be employed and therefore significantly related to internalized homonegativity. This result may indicate that negative emotions associated with internalized homonegativity are equally present for males and females, but females are more likely to employ expressive suppression as a way to quell the negative emotions. This explanation also seems to account for the notable finding that internalized homonegativity was more significantly related to LGB identity in males than for females.

Of note, another possible explanation for the significant positive relationship between LGB identity and internalized homonegativity could be that the two factors are inherently related. An individual may only develop a negative outlook of their sexuality after they acknowledge their same-sex attractions. These results seem to suggest internalized homonegativity may not develop unless an individual first acknowledges their same sex-attraction. In other words, an individual can likely not endorse guilt or shame for a construct that they do not know exists.

The results of the second hypotheses demonstrates that LGB individuals may be more likely to employ expressive suppression to manage distress associated with their LGB identity. These result contribute to the theory of social identity theory in that individuals that may develop a conceptualization that some identities are more highly valued by society than other identities (Ridge et al., 2006). Identity not only helps individuals construct a conceptualization of who they are and how to act in situations (Syed & McLean, 2016), but identities are also how other people conceptualize how an individual behaves in a situation and what, and how an, exchange will play out (Syed & McLean, 2016). The possibility that individuals may develop a dislike or even sense of shame from their identity becomes evident (Brown & Trevethan, 2010). It is through and due to this lens that individuals may develop mechanisms to suppress distress experienced from their negative perception of their LGB identity. While previous research has noted that individuals tend to find ways to manage distress from negatively perceived identities, most researcher has noted that individuals are more likely to reconceptualized their identity (Horowitz & Newcomb, 2004). The present study found that LGB individuals struggling with internalized homonegativity may tend to suppress distressful emotions rather than reconceptualize their identity. This result may demonstrate that the strategy employed to manage distressful emotions

could dependent on the identity causing the distress, though more research is needed to confirm this.

This study also yielded results not considered in the initial conception of the above stated hypotheses. Of note, males endorsed greater internalized homonegativity than females, the results of this study suggest that same-sex attracted males may tend to have higher levels of internalized homonegativity than same sex-attracted females. This could be due to a greater acceptance of females with same sex-attractions than for males with same-sex attractions (Stanfield-Wisewell et al., 2015). Additionally, other researchers have noted that there appears to be a greater acceptance for females who do not act in accordance with traditional gender norms than for males who do not act in accordance with traditional gender norms (Katz-Wise & Hyde, 2012). This dichotomy could explain the results of this study in that males tend to experience a greater amount of prejudice and distress (Hatzenbuehler et al., 2010) and thus feel a greater amount of internalized homonegativity.

This study was conducted at a medium sized university in the Midwest. As such, there are likely some cultural differences that impacted the participants results when compared to normative data reported by Gross and John (2003) which was collected in California. Additionally, data was collected exclusively from LGB individuals and thus the participants status as a minority group is likely to affect the results compared to the results reported by Gross and John (2003). All results were scored on a scale of 1 – 7 with a higher number indicating more of the construct. The results of this study were such that LGB females scored an average score of 3.51 ($SD = 1.2$). This is considerably higher (Cohen's $d = .21$) than the results reported by Gross and John (2003) ($M = 3.14$ [$SD = 1.18$]). Gross and John (2003) stated the individuals who came from a less privileged status were more likely to employ expressive suppression.

However, the researchers only tested the differences between European (white) Americans and individuals from racial minorities (Latino, African American, Asian American). The researchers stated that such results were likely due to individuals learning to restrict their emotions as a safety precaution for fear of upsetting the privileged (European American) group.

Similar results were replicated in this study. Given that the sample from Gross and John (2003) can reasonably be concluded to be predominantly heterosexual, it can serve as a normative population to compare the results collected from the LGB population. The results collected from the current study indicate that female LGB individuals suppress their emotions more than heterosexual women. This result has two likely explanations. The first explanation may lie in the perceived need to suppress behaviors that might alert surrounding social environment to suspect an individual's same-sex attraction. The second explanation may lie in the perceived need to suppress their behaviors that may upset the surrounding heteronormative populations. Regarding the differences in emotion regulation strategy for cognitive reappraisal, the scores from the current study for LGB females ($M = 4.66$ [$SD = 1.08$]) did not differ significantly (Cohen's $d = .04$) from the normative sample ($M = 4.61$ [$SD = 1.02$]) of females.

For males, expressive suppression score for LGB Males ($M = 3.78$ [$SD = 1.3$]) was significantly higher (Cohen's $d = .21$) than for LGB females ($M = 3.6$ [$SD = 1.2$]). This result is notable in that it demonstrates that LGB males seem to perceive the need to suppress their emotions more than LGB females, though perhaps not surprising given the stricter gender role expectations for males. Gross and John (2003) noted as much in their original study when their results indicated that males ($M = 3.64$ [$SD = 1.11$]) routinely perceive the need to suppress their emotions more (Cohen's $d = .47$) than females ($M = 3.14$ [$SD = 1.18$]). The results of the current study found similar results for expressive suppression (Cohen's $d = .21$). It is also notable that

LGB males scored higher on expressive suppression ($M = 3.77$ [$SD = 1.3$]) than the heteronormative sample ($M = 3.64$ [$SD = 1.11$]) but not significantly so with a Cohen's d of .11. These results may indicate that LGB males perceive the need to suppress the emotions more than heteronormative samples, but the small increase of Cohen's d could also be accounted for by chance or even cultural differences between the Midwest and California.

Regarding cognitive reappraisal, LGB males ($M = 4.91$ [$SD = .84$]) scored significantly higher compared to LGB females ($M = 4.66$ [$SD = 1.08$]) with a Cohen's d of .25 and the heteronormative sample of males ($M = 4.6$ [$SD = .94$]) with a Cohen's d of .35. The results of a such a significant increase are more than what could be attributable to chance indicating that there is likely something underlying the LGB male experience that prompts LGB males to utilize cognitive reappraisal to a greater degree than the heteronormative sample. The most likely explanation is that LGB males likely were forced to develop complex emotion regulations strategies to successfully manage painful experiences commonly undergone by LGB individuals including being rejected or having strained relationships with family, religious organizations, and heteronormative society at large. The alternative to not being able to successfully cognitively reappraise their situation would have likely resulted in a mired existence. LGB females also likely benefit from a strong ability to cognitively reappraise their situation, however the current study did not employ tools to analyze the extent to which LGB females learned to cognitively reappraise accounted by cultural socialization of women compared to resilience acquired from painful LGB experiences. The results of the current study indicate that LGB females employ cognitive reappraisal ($M = 4.66$ [$SD = 1.08$]) at comparable levels to the heteronormative sample ($M = 4.61$ [$SD =$] with a Cohen's d of .04.

Finally of note, while data was primarily collected from undergraduate students, faculty, staff, and graduate students were invited to participate as well. This distinction allowed for an analysis of age to determine the effects of age on internalized homonegativity. The results, at least among LGB female participants ($r = -.279$ $p < .000$), suggest that older participants, in relation to the sample of participants, endorsed lower scores of internalized homonegativity. These results were counterintuitive to the researcher in that one might expect that LGB individuals that grew up in a historically less homopositive time might endorse elevated levels of homonegativity. However, that does not seem to be the case. One likely explanation could be that individuals become more accepting of their LGB status. This explanation is exacerbated by the likelihood that LGB individuals are more likely to seek out other LGB individuals for social support (Bartoş & Langdridge, 2019). Being surrounded by other LGB affirming individuals is likely to reduce scores of internalized homonegativity. Additionally, individuals that grew up in a less affirmative time are more likely to have developed a sense of resilience and are less easily influenced by unsupportive social environments (Bartoş & Langdridge, 2019). This result replicates the findings of Rosario et al., (2006).

The results regarding males and decreasing internalized homonegativity with age were not significant ($r = .071$ $p < .641$). There are two likely explanations. Most prominent is that there are only 46 males in the data set and most of those are traditionally college age student (18-22) so there are very few relatively older males. The second consideration lies in the more restrictive gender roles that males face (Ridge, Plummer, & Peasley, 2006). While a female is able to perform almost any role traditionally associated with males and will not likely be challenged, males are more likely to be challenged if they assume a role traditionally associated with femininity (teacher, nurse, homemaker). These social constructions have mandated that males

perform in typically masculine roles and adopt traditionally masculine behaviors while females have been afforded more flexibility in how they perform their role in western society, at least in the united states (Ridge, Plummer, & Peasley, 2006). A notable part of an individual's gender role is their assumed sexual orientation.

Limitations of the Present Study

It is important to note that the results of this study may not represent all individuals experiencing internalized homonegativity. It is likely that some individuals experiencing extreme levels of internalized homogeneity would not choose to participate in this study due to discomfort with their same-sex attraction. Therefore, it may be possible that the results of the study may not fully generalize to the LGB population. It may be possible that the rates of internalized homonegativity may be higher than the results of this study suggest. High levels of self-stigma may also be a factor contributing to the under representation of males in the data set. One possible explanation could be that males may tend to express higher levels of internalized homonegativity than females. Such an explanation seems to be consistent with the results of this study. Higher levels of internalized homonegativity may have prevented more males from participating in this study.

Of note, 2 different scales were used to measure internalized homonegativity. The LIHS for females, and IHS for males. As a result, it is possible that 2 scales did not measure the precisely same construct. The LIHS measured internalized homophobia and the IHS measured internalized homonegativity. Though other researchers have also noted that internalized homophobia is similar to internalized homonegativity or even interchangeable (Puckett & Levitt, 2015), this may not be accurate. All this to conclude that more research is needed to either more precisely define the differences or similarities between the internalized homophobia and

internalized homonegativity, in addition to other similar terms not discussed in this study (i.e. internalized heterosexism) (Puckett & Levitt, 2015). Additionally, an updated scale that can precisely measure internalized homonegativity for both males and females would be beneficial in that most current scales are designed exclusively for males (Szymanski & Chung, 2005).

Finally, it must be noted that this data was collected from a medium sized university in a small town in the Midwest. While the sample was not problematic, the results of this study may not generalize to the total LGB population. Historically, the Midwest has not been typically accepting of same-sex attractions. These regional attitudes are likely to affect the perceptions and experiences of LGB individuals to have a negative perception of their same-sex attractions.

Clinical Implications

The first hypothesis was not supported which stated that internalized homonegativity would negatively contribute to the variance of LGB identity. This should be noted as a significant finding in that the inverse of the hypothesis was supported. The results of this study suggest that internalized homonegativity is positively related to LGB identity. This finding is especially relevant to clinicians in that it suggests that even a same-sex attracted client who is firmly identified with the LGB community may be struggling with the adverse effects of internalized homonegativity. Clinicians should be mindful, albeit not to assume, that a same-sex attracted client may be struggling with internalized homonegativity. Internalized homonegativity may be present even if a client's social support and social behavior does not reflect internalized homonegativity. There may be an underlying struggle that a client is hesitant to discuss in therapy.

This study also found that internalized homonegativity seems to dissipate with age. Clinicians should view this as a positive indicator that internalized homonegativity can be dispelled. The exact causal mechanism requires further research, but previous research seem to indicate that comfort with LGB identity and social support (McDavitt et al., 2008) play a role in attenuating the distress of internalized homonegativity. Clinicians working with LGB clients may find it useful to explore their client's identity, especially their perceptions of gender and LGB identity.

Clinicians are especially encouraged to note the results of this study comparing emotion regulation strategies employed. LGB individuals seem to employ both expressive suppression and cognitive reappraisal at elevated rates compared to heteronormative populations. This finding suggests that some LGB clients are consciously deciding not to experience negative emotions regarding their LGB identity. This result implies that some LGB clients will deny experiencing painful emotions regarding their LGB identity. One implication could be that LGB clients may tend to avoid emotions all together, indicating that if a same sex attracted male were to seek treatment to resolve internal conflict associated with internalized homonegativity, such a treatment may be more effective if it were to have a largely cognitive makeup.

Distinguishing clients fully accepting of their LGB identity from those that are feigning self-acceptance will require extensive clinical judgement. Regarding cognitive reappraisal, Clinicians should note that this strategy was seems to be employed more among LGB clients. This can be viewed as a sign of strength among LGB clients in that it demonstrates that LGB clients may have a greater capacity to reconceptualize their presenting concerns.

Directions for Future Research

Future researchers could contribute to the scientific literature by analyzing what specific emotions are present in individuals experiencing internalized homonegativity, and to what extent. The results of such a study could potentially add to the results gleaned from this study that suggest females are more likely to employ expressive suppression to moderate the experience of negative emotions while males do not appear to engage in either expressive suppression or cognitive reappraisal.

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Appendix A

Sexual Identity and Emotion informed consent form

Study Title

Sexual Identity and Emotion

Study Purpose and Rationale

This study explores the relationship between sexual orientation identity and emotion regulation strategies.

Inclusion/Exclusion Criteria

This study is intended for men and women that identify as lesbian, gay, or bisexual and are 18 years old or older.

Participation Procedures and Duration

Participation consists of answering an online questionnaire and is expected to take between 15 and 30 minutes. Questions asked within the survey will inquire about participants' emotion regulation strategies, LGBTQ+ identity, and view of themselves.

Data Confidentiality or Anonymity

All data will be maintained as anonymous and no identifying information such as names will appear in any publication or presentation of the data.

Storage of Data and Data Retention Period

The data collected from this study will be stored behind a password protected computer and/or in a secure online storage site. All data collected in this study will be destroyed within 1 year of being collected.

Risks or Discomforts

There are no perceived risks for participating in this study.

Benefits

There are no perceived benefits for participating in this study.

Voluntary Participation

Your participation in this study is completely voluntary and you are free to withdraw your permission at anytime for any reason without penalty or prejudice from the investigator. Please feel free to ask any questions of the investigator before clicking to continue onto the rest of the survey and at any time during the study.

IRB Contact Information

For one's rights as a research subject, you may contact the following for questions about your rights as a research subject: please contact the Director, Office of Research Integrity, Ball State University, Muncie, IN 47306, (765) 285-5052 or at orihelp@bsu.edu.

Study Title

Sexual Identity and Emotion

Compensation

Participants will either receive .5 hour of research credit if they are a CPSY student and/or will have an equal opportunity to earn 1 of 4 \$50 gift cards.

Consent

By continuing to the rest of the survey, I agree to participate in this research project entitled, Sexual Identity and Emotion. I have had the study explained to me and my questions have been answered to my satisfaction. I have read the description of this project and give my consent to participate.

To the best of my knowledge, I meet the inclusion/exclusion criteria for participation (described on the previous page) in this study.

If you would like a copy of this informed consent form, please print this form.

Researcher Contact Information

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Appendix B

Demographic Questionnaire

1. What is your age? (in years) _____
2. What is your primary role at Ball State University

_____ Undergraduate Student
_____ Graduate Student
_____ Faculty
_____ Staff
_____ None of the above

3. What best describes your race?

_____ Black/African America
_____ Asian
_____ White/Caucasian
_____ Latinx
_____ Middle Eastern
_____ Pacific Islander
_____ Native American
_____ Bi/Multi-Racial
_____ Other

4. Which of the following best describes you?

Terms:

*Cisgender (you identify with the anatomy you were assigned with at birth)

*Transgender (You do not identify with the anatomy you were assigned with at birth)

_____ I identify more often than not as male (cisgender or transgender) that identifies as a sexual minority (gay, bi-sexual, pan-sexual, demi-sexual etc.).

_____ I identify more often than not as a male (cisgender or transgender) that identifies as straight (heterosexual).

_____ I identify more often than not as a male (cisgender or transgender) that identifies as not having a sexual attraction to anyone (asexual).

_____ I identify more often than not as a female (cisgender or transgender) that identifies as a sexual minority (lesbian, bisexual, pan-sexual, demi-sexual, etc.).

_____ I identify more often than not as a female (cisgender or transgender) that identifies as straight (heterosexual).

_____ I identify more often than not as a male (cisgender or transgender) that identifies as not having a sexual attraction to anyone (asexual).

_____ I do not identify as male or female and/or I do not have a label for my sexual orientation.

_____ None of these options describe me.

Appendix C

Emotion Regulation Questionnaire (ERQ)

The Emotion Regulation Questionnaire is designed to assess individual differences in the habitual use of two emotion regulation strategies: cognitive reappraisal and expressive suppression.

Citation

Gross, J.J., & John, O.P. (2003). Individual differences in two emotion regulation processes: Implications for affect, relationships, and well-being. Journal of Personality and Social Psychology, 85, 348-362.

Instructions and Items

We would like to ask you some questions about your emotional life, in particular, how you control (that is, regulate and manage) your emotions. The questions below involve two distinct aspects of your emotional life. One is your emotional experience, or what you feel like inside. The other is your emotional expression, or how you show your emotions in the way you talk, gesture, or behave. Although some of the following questions may seem similar to one another, they differ in important ways. For each item, please answer using the following scale:

1-----2-----3-----4-----5-----6-----7
strongly **neutral** **strongly**
disagree agree

1. ____ When I want to feel more *positive* emotion (such as joy or amusement), I *change what I'm thinking about*.
2. ____ I keep my emotions to myself.
3. ____ When I want to feel less *negative* emotion (such as sadness or anger), I *change what I'm thinking about*.
4. ____ When I am feeling *positive* emotions, I am careful not to express them.
5. ____ When I'm faced with a stressful situation, I make myself *think about it* in a way that helps me stay calm.
6. ____ I control my emotions by *not expressing them*.
7. ____ When I want to feel more *positive* emotion, I *change the way I'm thinking about the situation*.
8. ____ I control my emotions by *changing the way I think about the situation I'm in*.
9. ____ When I am feeling *negative* emotions, I make sure not to express them.
10. ____ When I want to feel less *negative* emotion, I *change the way I'm thinking about the situation*.

Note

Do not change item order, as items 1 and 3 at the beginning of the questionnaire define the terms “positive emotion” and “negative emotion”.

Scoring (no reversals)

Reappraisal Items: 1, 3, 5, 7, 8, 10; Suppression Items: 2, 4, 6, 9.

Appendix D

Lesbian, Gay, and Bisexual Identity Scale

For each of the following questions, please mark the response that best indicates your current experience as an LGB person. Please be as honest as possible: Indicate how you really feel now, not how you think you should feel. There is no need to think too much about any one question. Answer each question according to your initial reaction and then move on to the next.

	Disagree Strongly	Disagree	Disagree Somewhat	Agree Somewhat	Agree	Agree Strongly
1. I prefer to keep my same-sex romantic relationships rather private.	1	2	3	4	5	6
2. If it were possible, I would choose to be straight.	1	2	3	4	5	6
3. I'm not totally sure what my sexual orientation is.	1	2	3	4	5	6
4. I keep careful control over who knows about my same-sex romantic relationships.	1	2	3	4	5	6
5. I often wonder whether others judge me for my sexual orientation.	1	2	3	4	5	6
6. I am glad to be an LGB person.	1	2	3	4	5	6
7. I look down on heterosexuals.	1	2	3	4	5	6
8. I keep changing my mind about my sexual orientation.	1	2	3	4	5	6
9. I can't feel comfortable knowing that others judge me negatively for my sexual orientation.	1	2	3	4	5	6
10. I feel that LGB people are superior to heterosexuals.	1	2	3	4	5	6
11. My sexual orientation is an insignificant part of who I am.	1	2	3	4	5	6
12. Admitting to myself that I'm an LGB person has been a very painful process.	1	2	3	4	5	6
13. I'm proud to be part of the LGB community.	1	2	3	4	5	6
14. I can't decide whether I am bisexual or homosexual.	1	2	3	4	5	6
15. My sexual orientation is a central part of my identity.	1	2	3	4	5	6
16. I think a lot about how my sexual orientation affects the way people see me.	1	2	3	4	5	6

17. Admitting to myself that I'm an LGB person has been a very slow process.	1	2	3	4	5	6
18. Straight people have boring lives compared with LGB people.	1	2	3	4	5	6
19. My sexual orientation is a very personal and private matter.	1	2	3	4	5	6
20. I wish I were heterosexual.	1	2	3	4	5	6
21. To understand who I am as a person, you have to know that I'm LGB.	1	2	3	4	5	6
22. I get very confused when I try to figure out my sexual orientation.	1	2	3	4	5	6
23. I have felt comfortable with my sexual identity just about from the start.	1	2	3	4	5	6
24. Being an LGB person is a very important aspect of my life.	1	2	3	4	5	6
25. I believe being LGB is an important part of me.	1	2	3	4	5	6
26. I am proud to be LGB.	1	2	3	4	5	6
27. I believe it is unfair that I am attracted to people of the same sex.	1	2	3	4	5	6

For comparability to the norms published in this study, the item response instructions listed above should be included. Also, at some point in the survey prior to these instructions, the following statement should be presented to respondents: "Some of you may prefer to use labels other than 'lesbian, gay, and bisexual' to describe your sexual orientation (e.g., 'queer,' 'dyke,' 'questioning'). We use the term LGB in this survey as a convenience, and we ask for your understanding if the term does not completely capture your sexual identity."

In the interest of promoting further study, other researchers may use this scale without contacting us to obtain prior permission. However, we do ask that researchers send any reports of research findings as soon as available, including those that remain unpublished, to Jonathan J. Mohr.

Subscale scores are computed by reverse-scoring items as needed and averaging subscale item ratings. Subscale composition is as follows (underlined items should be reverse-scored): Acceptance Concerns (5, 9, 16), Concealment Motivation (1, 4, 19), Identity Uncertainty (3, 8, 14, 22), Internalized Homonegativity (2, 20, 27), Difficult Process (12, 17, 23), Identity Superiority (7, 10, 18), Identity Affirmation (6, 13, 26), and Identity Centrality (11, 15, 21, 24, 25).

Appendix E

Lesbian Internalized Homophobia Scale*

Please indicate your agreement or disagreement with each of the following statements by selecting the appropriate response from the scale below. There are no right or wrong answers; however, for the data to be meaningful, you must answer each statement given below as honestly as possible. Your responses are completely anonymous. Please do not leave any statement unmarked. Some statements may depict situations that you have not experienced; please imagine yourself in those situations when answering those statements.**

1. I try not to give signs that I am a lesbian. I am careful about the way I dress, the jewelry I wear, the places, people and events I talk about.
2. I can't stand lesbians who are too "butch". They make lesbians as a group look bad.
3. Attending lesbian events and organizations is important to me. (R)
4. I hate myself for being attracted to other women.
5. I believe female homosexuality is a sin.
6. I am comfortable being an "out" lesbian. I want others to know and see me as a lesbian.(R)
7. I have respect and admiration for other lesbians. (R)
8. I wouldn't mind if my boss knew that I was a lesbian. (R)
9. If some lesbians would change and be more acceptable to the larger society, lesbians as a group would not have to deal with so much negativity and discrimination.
10. I am proud to be a lesbian. (R)
11. I am not worried about anyone finding out that I am a lesbian. (R)
12. When interacting with members of the lesbian community, I often feel different and alone, like I don't fit in.
13. I feel bad for acting on my lesbian desires.
14. I feel comfortable talking to my heterosexual friends about my everyday home life with my lesbian partner/lover or my everyday activities with my lesbian friends. (R)
15. Having lesbian friends is important to me. (R)
16. I am familiar with lesbian books and/or magazines. (R)
17. Being a part of the lesbian community is important to me. (R)
18. It is important for me to conceal the fact that I am a lesbian from my family.
19. I feel comfortable talking about homosexuality in public. (R)
20. I live in fear that someone will find out I am a lesbian.
21. If I could change my sexual orientation and become heterosexual, I would.
22. I do not feel the need to be on guard, lie, or hide my lesbianism to others. (R)
23. I feel comfortable joining a lesbian social group, lesbian sports team, or lesbian organization. (R)
24. When speaking of my lesbian lover/partner to a straight person I change pronouns so that others will think I'm involved with a man rather than a woman.
25. Being a lesbian makes my future look bleak and hopeless.

26. If my peers knew of my lesbianism, I am afraid that many would not want to be friends with me.
27. Social situations with other lesbians make me feel uncomfortable.
28. I wish some lesbians wouldn't "flaunt" their lesbianism. They only do it for shock value and it doesn't accomplish anything positive.
29. I don't feel disappointment in myself for being a lesbian. (R)
30. I am familiar with lesbian movies and/or music. (R)
31. I am aware of the history concerning the development of lesbian communities and/or the lesbian/gay rights movement. (R)
32. I act as if my lesbian lovers are merely friends.
33. I feel comfortable discussing my lesbianism with my family. (R)
34. I could not confront a straight friend or acquaintance if she or he made a homophobic or heterosexist statement to me.
35. I am familiar with lesbian music festivals and conferences. (R)
36. When speaking of my lesbian lover/partner to a straight person, I often use neutral pronouns so the sex of the person is vague.
37. Lesbians are too aggressive.
38. I frequently make negative comments about other lesbians.
39. I am familiar with community resources for lesbians (i.e., bookstores, support groups, bars, etc.). (R)

*Response options varied from 1 (Strongly Disagree) to 7 (Strongly Agree), except those indicated by an (R) for reverse-scored items.

Appendix F

Internalized Homophobia Scale*

Instructions: The following are some statements that individuals can make about being gay. Please read each one carefully and decide the extent to which you agree with the statement, then select the response which best reflects how much you disagree or agree with the statement.**

1. Male homosexuality is a natural expression of sexuality in human males. (R)
2. I wish I were heterosexual.
3. When I am sexually attracted to another gay man, I do not mind if someone else knows how I feel. (R)
4. Most problems that homosexuals have come from their status as an oppressed minority, not from their homosexuality per se. (R)
5. Life as a homosexual is not as fulfilling as life as a heterosexual.
6. I am glad to be gay. (R)
7. Whenever I think a lot about being gay, I feel critical about myself.
8. I am confident that my homosexuality does not make me inferior. (R)
9. Whenever I think a lot about being gay, I feel depressed.
10. If it were possible, I would accept the opportunity to be completely heterosexual.
11. I wish I could become more sexually attracted to women.
12. If there were a pill that could change my sexual orientation, I would take it.
13. I would not give up being gay even if I could. (R)
14. Homosexuality is deviant.
15. It would not bother me if I had children who were gay. (R)
16. Being gay is a satisfactory and acceptable way of life for me. (R)
17. If I were heterosexual, I would probably be happier.
18. Most gay people end up lonely and isolated.
19. For the most part, I do not care who knows I am gay. (R)
20. I have no regrets about being gay. (R)

* Responses are 1-5 (Strongly Disagree - Strongly Agree), unless noted with an (R) for reverse scored items